

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

State of Wisconsin, Plaintiff

-VS-

**Order for Conditional
Release Plan
(Not Guilty by Reason of
Mental Disease or Defect)**

_____, Defendant
Name

Case No. _____

Date of Birth

Defendant's:

Telephone Number

Address

Present Location

THE COURT FINDS:

1. The defendant was committed to the Department of Health and Family Services (DHFS) on (date) _____. A copy of the Order of Commitment is attached.
2. On (date) _____, the court determined that conditional release would not pose a significant risk either of bodily harm to the defendant or to others, or of serious property damage.
3. The defendant resides in _____ County.

THE COURT ORDERS:

1. DHFS and the §51.42 Board of the county of the defendant's residence prepare a plan that identifies:
 - The treatment and services, if any, that the defendant will receive in the community.
 - The defendant's needs, if any, for supervision, medication, community support services, residential services, vocational services, and alcohol or other drug abuse treatment.
 - Who will be responsible for providing the treatment and services identified in the plan.
2. All the defendant's treatment records requested by DHFS be released to DHFS.
3. The plan be presented to the court for approval:
 - ☐ within 21 days for a defendant who is not in an institution under this commitment
 - ☐ within 60 days for a defendant who is in an institution under this commitmentafter the date the court determined the defendant appropriate for conditional release.
4. The hearing be held on (date) _____ at (time) _____.

BY THE COURT:

Distribution:

1. Court – Original
2. District Attorney
3. Defense Attorney
4. Department of Health and Family Services
5. Department of Corrections
6. §51.42 Board (of county of defendant's residence)
7. Sheriff (where defendant will reside)
8. Municipal Police Department (where defendant will reside)

Circuit Court Judge/Clerk of Court

Name Printed or Typed

Date